

Route To:
Office of
Revenue



Mississippi State Tax Commission

Application for Certification of Economic Incentives

FOR OFFICE USE ONLY

1. _____ <div style="text-align: center; font-size: small;">Name of Business (Please Print)</div> _____ <div style="text-align: center; font-size: small;">Mailing Address</div> _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> City State Zip Code </div>	2. _____ <div style="text-align: center; font-size: small;">Name of County Where Facility is Located</div> _____ <div style="text-align: center; font-size: small;">Physical Location</div> _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> City State Zip Code </div>
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3. Federal ID # : _____	Mississippi Use Tax Account # : _____ <div style="text-align: center; font-size: x-small;">If issued</div>	Mississippi Direct Pay Permit # : _____ <div style="text-align: center; font-size: x-small;">If issued</div>
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4. Activity qualifying for certification (check one):

☐ constructing a new facility

☐ expanding an existing facility

☐ locating in GAP Area

☐ creating major economic project

☐ establishing regional/national headquarters

☐ deploying broadband technology

☐ employing research/development skills

5. Type of Business Requesting Certification (check one) :

☐ Manufacturer/Processor

☐ Warehouse

☐ Wholesaler

☐ Distributor

☐ Research & Development

☐ Other (list primary activity) _____

6. Detailed description of the work performed by the facility requesting certification: _____

7. Date company will begin making purchases for which sales/use tax exemption is requested: _____

8. Date construction ends and production or business begins: _____

9. Estimates related to the qualified activities by year, NOT cumulative:

	Year: _____	Year: _____	Year: _____
Increase in employment:	_____	_____	_____
Increase in annual payroll:	_____	_____	_____
Cost of construction/remodeling:	_____	_____	_____
Cost of machinery, equipment & fixtures:	_____	_____	_____
Other costs (explain):	_____	_____	_____
Total costs:	_____	_____	_____

I declare that I have examined this application and, to the best of my knowledge, believe the information contained is true and correct and that the business referred to above qualifies for the exemption and/or credit requested. Inaccurate information or failure to comply with requirements for qualification will cause this certification to become void.

 Name of person signing (please print)

 Signature

Mail To:
Mississippi State Tax Commission
Post Office Box 1033
Jackson, Mississippi 39215

 Telephone Number

 Title

 Date